

**ROOFING PERMIT APPLICATION**  
BUILDING SAFETY DEPARTMENT

**JOB ADDRESS** \_\_\_\_\_ **PERMIT NUMBER** \_\_\_\_\_

LEGAL DESCRIPTION		SUBDIVISION		BLOCK NUMBER	LOT NUMBER
OWNER		MAILING ADDRESS		ZIP CODE	PHONE NUMBER
CONTRACTOR	LICENSE #	MAILING ADDRESS		ZIP CODE	PHONE NUMBER
<b>USE OF BUILDING:</b>	COMMERCIAL <input type="checkbox"/>	RENTAL <input type="checkbox"/>	SINGLE FAMILY <input type="checkbox"/>	MULTI-FAMILY <input type="checkbox"/>	
<b>DESCRIPTION OF WORK (IF OTHER THAN COMPLETE RE-ROOF)</b>					

SIGNATURE OF CONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_\_ VALUATION OF WORK: \$ \_\_\_\_\_

SIGNATURE OF OWNER (if work is being done by the owner) \_\_\_\_\_ DATE: \_\_\_\_\_ NO PERMIT \_\_\_\_\_  
INVESTIGATION FEE: \$ \_\_\_\_\_

APP. RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_

PERMIT PAID CHECK # \_\_\_\_\_ CASH: ☐

**IF THE EXISTING ROOF HAS ONE LAYER OR MORE OF ASPHALT SHIGLES ROOF COVERING,  
ALL LAYERS OF ROOFING MUST BE REMOVED**

**CHECK OR COMPLETE ONLY THE APPLICABLE ITEMS**

HOUSE ☐ GARAGE ☐ PORCH OR PATIO COVER ☐ SHED ☐ OTHER ☐

**ROOF SLOPE**

HOUSE \_\_\_\_\_ GARAGE \_\_\_\_\_ PORCH/PATIO \_\_\_\_\_ SHED \_\_\_\_\_ OTHER \_\_\_\_\_  
SQUARE FOOTAGE OF ROOF AREA(S) \_\_\_\_\_ NUMBER OF SQUARES USED ON ROOF(S) \_\_\_\_\_  
COST PER SQUARE (VALUATION) \$ \_\_\_\_\_

**TYPE OF ROOFING MATERIAL**

**ASPHALT:** T-LOKS ☐ STRIP (3-TAB) ☐ PREMIUM ☐ ROLL ROOFING ☐

**NOTE:** T-LOKS NOT APPROVED FOR SLOPES LESS THAN 4:12. STRIP SHINGLES NOT APPROVED FOR SLOPES LESS THAN 2½:12.  
STRIP SHINGLES MUST BE SEALED (STRIP SHINGLE APPLICATION NOT RECOMMENDED DURING COOL OR COLD TEMPERATURE).

**WOOD:** SHINGLES ☐ SHAKES ☐  
**OTHER:** BUILT-UP ☐ SINGLE PLY MEMBRANE ☐ TILE ☐ METAL ☐  
**FASTENERS:** NAILS ☐ STAPLES ☐ FASTENER LENGTH: \_\_\_\_\_

**NOTE:** MANUFACTURER'S INSTALLATION INSTRUCTIONS MUST BE COMPLIED WITH.

**NUMBER OF LAYERS**

**EXISTING:** HOUSE \_\_\_\_\_ GARAGE \_\_\_\_\_ **TEAR OFF:** HOUSE \_\_\_\_\_ GARAGE \_\_\_\_\_ **UPON COMPLETION:** HOUSE \_\_\_\_\_ GARAGE \_\_\_\_\_  
**NEW UNDERLAYMENT MATERIAL:** WEIGHT: \_\_\_\_\_ PLIES: \_\_\_\_\_  
**TYPE OF SHEATHING OR DECKING:** \_\_\_\_\_

**PROTECT RESIDENTS/PUBLIC DURING WORK**  
**COMPLY WITH CHAPTER 9 OF THE IRC FOR 1 & 2 FAMILY DWELLINGS**  
**COMPLY WITH CHAPTER 15 OF THE IBC FOR ALL OTHER PROJECTS**

DO YOU NEED A CITY ROLLOFF?  
CONTACT THE SANITATION DEPT. AT 637-6440.

(CONTINUED ON REVERSE)

**I acknowledge the following answers are true and correct. I hereby certify as follows:**

1. The roof decking/sheathing is not deteriorated and is in good condition.  
If not, the decking/sheathing will be removed and replaced, in accordance with the codes.
2. Type of felt applied will be: \_\_\_\_\_
3. All flashings, flues and vents are not deteriorated and are in good condition.  
If not, such will be removed and replaced.
4. Shingle manufacturer is: \_\_\_\_\_
5. Shingle name is: \_\_\_\_\_
6. Minimum 100 mph wind-rated shingle will be installed.
7. We will comply with the City of Cheyenne roofing codes.

Company License Number: \_\_\_\_\_

Qualified Supervisor License Number: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_  
Owner of Company or Qualified Supervisor

\_\_\_\_\_  
Printed name and position

Date: \_\_\_\_\_

Homeowner working on his/her owner occupied residence: \_\_\_\_\_

Signature

Date: \_\_\_\_\_

Printed Name